APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Susanne Strek

Home Addr [redacted] City: LOWER LAKE ZIP: 95457

Mailing Address: Same City: ZIP:

Occupation: Retired E[redacted]

Home Phone: [redacted] ork Phone: ( ) Supervisorial District

Name of Board/Committee/Commission(s) you are interested in serving on:
LOWER LAKE WATER COMPANY

Board/Committee/Commission category under which you are applying, if applicable:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
NONE

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:
I would like to represent Twin Lakes. I am currently the lead to get Twin Lakes Fire Wise certified

List community organizations to which you belong:
Fire Wise

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)
NONE

List any affiliation you or your spouse has with public service agencies:
NONE

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge I have no conflict of interest.

S. Strek (Signature)

8.10.2026 (Date)

PLEASE RETURN COMPLETED FORM TO:

FAX (707) 994-2642

For Department Use Only:
APPOINTED YES___ NO___
APPOINTED ON: _____
TERM EXPIRES: _____